

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026110

FILED
Feb 08, 2007
Secretary of State

Entity Name: ANYTHING ASSEMBLED, LLC

Current Principal Place of Business:

2108 SHADY COVE DRIVE
HOLIDAY, FL 34691 US

New Principal Place of Business:

4906 ANCHORAGE COVE
PORT RICHEY, FL 34668 US

Current Mailing Address:

2108 SHADY COVE DRIVE
HOLIDAY, FL 34691 US

New Mailing Address:

P.O. BOX 1305
ELFERS, FL 34680 US

FEI Number: 20-4469527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEIGER, DAVID J
2108 SHADY COVE DRIVE
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

GEIGER, DAVID J
4906 ANCHORAGE COVE
PORT RICHEY, FL 34668 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID GEIGER

02/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GEIGER, DAVID J
Address: 2108 SHADY COVE DRIVE
City-St-Zip: HOLIDAY, FL 34691 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GEIGER, DAVID J
Address: 4906 ANCHORAGE COVE
City-St-Zip: PORT RICHEY, FL 34680 US

Title: MGRM () Change (X) Addition
Name: GEIGER, CARLA N
Address: 4906 ANCHORAGE COVE
City-St-Zip: PORT RICHEY, FL 34668 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CARLA GEIGER

MGRM

02/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date